



PARK & RECREATION
DEPARTMENT
Medical Information & Release Form

Town of Rowe
Pelham Lake Park
85 Pond Road
Rowe MA 01367
Ph: 413-339-8554
Fx: 413-339-5316

Name: _____ Birth Date: _____ Age: _____

Address: _____

Custodial Parent/Guardian: _____

Home Telephone: _____ Business Telephone: _____

If not available in an emergency, notify:

1. _____ Phone: _____ Alt Phone: _____

2. _____ Phone: _____ Alt Phone: _____

Known Allergies:

1. Medications: _____

2. Environmental (bees, plants): _____

Does child need medication if stung by a bee? _____ Does he/she have epi-pen? _____

3. Food Allergies: _____

Special Medical Conditions or Concerns: _____

Activities Not Allowed: _____

Parent/Guardian Authorization: The above information is correct and complete to the best of my knowledge. The person herein described has permission to engage in all park activities except as noted. In the event that I cannot be reached in an emergency, I hereby give permission to the Town of Rowe to provide emergency medical care, seek further emergency care as deemed necessary, and arrange necessary related transportation for my child to a local emergency facility. If my child has special medical concerns, I give permission for those concerns to be shared with supervising personnel.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Reviewed by: _____	_____	_____	_____
Medical Reviewer	Date	Recreation Program Director	Date